

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/564,587	
	Filing Date	September 27, 2006	
	First Named Inventor	Peter T. Doughty	
	Art Unit	2612	
	Examiner Name	D. W. Goins	
Total Number of Pages in This Submission		Attorney Docket Number	39605-501N01US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form 1449 Request for Continued Examination		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td> The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.: 39605-501N01US </td> </tr> </table>			Remarks	The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.: 39605-501N01US
Remarks	The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.: 39605-501N01US			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature	/Ido Rabinovitch/		
Printed name	Ido Rabinovitch		
Date	October 19, 2010	Reg. No.	L0080